



Statement of Outstanding Debts

Form 31-N R.C. 3517.10

Full Name of Committee						
ABBY Vaile	- For a	001	CH,	LOREN		
ABBY VIIL FOR OUR CH				Prior Amount	Amou	int Incurred this Period
					<u> </u>	
Street Address			Item or Purpose of Debt	Outst	anding Balance	
O't.				<u> </u>	<u> </u>	
City	State	Zip	Code	Payments Received This Period		
	Date of Original	Loan (M	M/DD/YYYY)	Date of Payment (MM/DD/	YYYY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/YYYY)		Amount	
				Date of Payment (MM/DD/	YYYY)	Amount
To Whom Owed				Prior Amount	Amou	nt Incurred this Period
Street Address				Item or Purpose of Debt	Outst	anding Balance
City	State Zip Code OH			Payments Received This Period		
	Date of Original	Loan (M	M/DD/YYYY)	Date of Payment (MM/DD/	YYYY)	Amount
Registration Number, if PAC			Date of Payment (MM/DD/YYYY)		Amount	
				Date of Payment (MM/DD/	YYYY)	Amount
If a debt is forgiven, write "Forgiven" in the "Outs (Form No. 31-B). Total amount forgiven should b cover page.			ibutions Receive	ed (Form No. 31-J-1). Transfe		
Total Payments This Period \$			(also recor	rd on Form 31-B)		
Total Outstanding Balance \$ _Fore	given		(also recor	rd on cover page)		,